

Initial Application Data Sheet

Application Information

Application Number::	Unassigned
Filing Date::	October 22, 2003
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R::	None
Title::	COMPUTER SYSTEM AND METHOD FOR GENERATING HEALTHCARE RISK INDICES USING MEDICATION COMPLIANCE INFORMATION
Attorney Docket Number::	103864.142US1
Request for Early Publication?::	No
Request for Non Publication?::	No
Total Drawing Sheets:	9
Small Entity?::	No
Petition Included?::	No
Secrecy Order in Parent Application?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Kimberly
Middle Name::	A.
Family Name::	McGuigan
Name Suffix::	Ph.D.
City of Residence::	Ridgewood
State or Province of Residence::	New Jersey
Country of Residence::	U.S.

Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07417

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Debra
Middle Name:: A.
Family Name:: Maldonato
City of Residence:: Chestnut Ridge
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 18 Wilshire Drive
City of mailing address:: Chestnut Ridge
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10977

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Qingshan
Family Name:: Qian
City of Residence:: Los Angeles
State or Province of Residence:: California
Country of Residence:: U.S.
Street of mailing address:: 7137 Alvern Street, H204
City of mailing address:: Los Angeles
State or Province of mailing address:: California

Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 90045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Kurtis
Middle Name:: W.
Family Name:: Andrews
City of Residence:: Chestnut Ridge
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 2 Raymond Avenue
City of mailing address:: Chestnut Ridge
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10977

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Keith
Middle Name:: J.
Family Name:: Bradbury
City of Residence:: Blauvelt
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 122 Derfuss Lane
City of mailing address:: Blauvelt
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10913

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: George
Family Name:: Fulop
Name Suffix:: MD
City of Residence:: Mount Kisco
State or Province of Residence:: New York
Country of Residence:: U.S.
Street of mailing address:: 1 Kitchel Road
City of mailing address:: Mount Kisco
State or Province of mailing address:: New York
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 10549

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Joseph
Middle Name:: A.
Family Name:: Boscarino
City of Residence:: Ramsey
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 14 Cobblestone Lane
City of mailing address:: Ramsey
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07446

Corr spond nc Information

Correspondence Customer Number:: 24395
Phone number:: 202-942-8400
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Representative Information

Representative Customer Number::	24395	
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Assignment Information

Assignee Name:: Medco Health Solutions, Inc.
Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07417-2603